MAY - 3 2005

510(k) Summary of the Dermacyn™ Wound Dressing

510(k) Summary	This summary of 510(k) safety and effectiveness information is	
	being submitted in accordance with the requirements of 21 C.F.R § 807.92.	
Submitter	Oculus Innovative Sciences	
	1129 North McDowell Blvd.	
	Petaluma, CA 94954	
Contact Person	Zachary Woodson	
	QA/RA Manager	
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Date Prepared	February 1 st , 2005	
Trade Name	Dermacyn™ Wound Dressing	
Common Name	Topical Solution	
Classification Name	Solution, Wound Dressing	
Predicate Device	Saljet Single Dose Sterile Saline Topical Solution, 0.9% w/v	
	Sodium Chloride	
Description	The subject device is an 8 ounce polyethylene bottle containing	
	Dermacyn™ Wound Care Dressing intended for multi-use.	
Indications for Use	For use in moistening and lubricating absorbent wound dressings for traumatic wounds, cuts, abrasions and minor burns.	
Substantial Equivalence	The product is similar in function and intended use to Saljet Single	
-	Dose Sterile Saline Topical Solution manufactured by Winchester	
	Laboratories LL and includes among its labeled uses for moistening	
	and lubricating absorbent wound dressing.	
Non-clinical	Non-clinical testing was conducted to confirm the safe and effective	
Performance	performance of Dermacyn™ Wound Care Dressing as compared to	
	0.9% sterile saline. Preclinical testing also demonstrated the	
	biocompatibility of the subject device.	
Conclusion	The Dermacyn™ Wound Care Dressing is substantially equivalent	
	to the currently cleared and marketed Saljet Single Dose Sterile	
	Saline Topical Solution, 0.9% w/v Sodium Chloride.	





Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

MAY - 3 2005

Mr. Zachary J. Woodson QA/ RA Manager Oculus Innovative Science, Inc. 1129 North McDowell Boulevard Petaluma, California 94954

Re: K041161

Trade/Device Name: DermacynTM Wound Dressing

Regulatory Class: Unclassified

Product Code: MUG Dated: February 1, 2005 Received: February 2, 2005

Dear Mr. Woodson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Miriam C. Provost, Ph.D.

Acting Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K041161

Device Name: Dermacyn™ Wound Dressing			
Indications for Use:	Dermacyn™ Wound Dressing is intended for use in moistening and lubricating absorbent wound dressings for traumatic wounds, cuts, abrasions and minor burns.		
Prescription Use X AND/OR Over-The-Counter Use (Part 21 CFR 801 Subpart D) (21 CFR 801 Subpart C) (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)			
Concurrence of CDRH, Office of Device Evaluation (ODE)			
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	K041161		